

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076036 (7)

1. Corporation Name

TRUCK PERFORMANCE AND ACCESSORIES OF SOUTH FLORIDA, INC.

Principal Place of Business

8935 N.W. 11 ST.
PEMBROKE PINES FL 33024

Mailing Address

8935 N.W. 11 ST.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

2. Principal Place of Business

21 1918 S.W. 100 Ave

Suite, Apt. #, etc.

22 Building #1926

City & State

23 Miramar, Florida

Zip

24 33025

Country

25 USA

2a. Mailing Address

26 1918 S.W. 100 Ave

Suite, Apt. #, etc.

27 ~~1918 S.W. 100 Ave~~

City & State

28 Miramar, Florida

Zip

29 33025

Country

30 USA

4. FEI Number

65-0778962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RECTOR, GUY S
8935 N.W. 11 ST.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Scott Rector*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-98

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Scott Rector
STREET ADDRESS: 8935 N.W. 11 St
CITY-ST-ZIP: Pembroke Pines, FL 33024

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
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NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott Rector*

2/17/98 (954) 436-4084

CR2E034 (10/97)